

In addition to that, the next chart illustrates the availability of emergency services in Kentucky. 43 percent of Kentucky's counties are without emergency room physicians. That is 52 of the 120 counties.

All of the red counties all across the Commonwealth of Kentucky have no ER doctor at all—none.

Another 21 percent of Kentucky counties have only one specialist in emergency medicine for the entire county.

So you can see in our State, the Commonwealth of Kentucky, there is a serious crisis—an absence of OB/GYN care and an absence of emergency room doctors. A principal reason for that, not surprisingly, is the medical malpractice crisis that we have in the Commonwealth of Kentucky.

This is a serious problem. We have county after county in crisis. Just to give you an example, Perry County in southeastern Kentucky technically has a practicing OB/GYN. But that one doctor stopped delivering babies during the last year. If you are in Perry County, it doesn't do you much good. They have an OB/GYN but she does not deliver babies.

Eighty-two of Kentucky's one hundred twenty counties don't have either an obstetrician or have one obstetrician.

This is a serious problem in the Commonwealth of Kentucky.

Six weeks ago, when we were asking our colleagues to consider the Healthy Mothers and Healthy Babies Access to Care Act—S. 2061—I discussed the crisis in obstetric and gynecological services in my home State of Kentucky.

Kentucky does not have liability reform. Not surprisingly, liability insurance rates for OB's in Kentucky, for example, increased 64 percent in just 1 year, from 2002 to 2003. Also not surprisingly, in just the last 3 years, Kentucky has lost one-fourth of its obstetricians. Moreover, Kentucky has lost nearly half its potential obstetric services during this time, when one factors in doctors who have limited their practices.

According to the Kentucky Medical Association, 60 percent of the counties in Kentucky do not have any OB-GYNs.

Other counties, such as Perry County in southeastern Kentucky, technically have a practicing OB-GYN, but that one doctor has stopped delivering babies within the last year. So if you are in Perry County, that doesn't do you much good.

Another 8 counties—like Greenup, Lawrence, and Johnson Counties in northeast Kentucky—have just one OB-GYN in each county.

So if you are a woman in these counties, you had better hope that there isn't another woman having a baby at the same time you are, or that the doctor is not out of town or busy with another patient. If that happens, then you are going to have to drive through the hills on the back roads of eastern Kentucky to try to find a doctor to deliver your baby.

All told, 82 of Kentucky's 120 counties have no OB's or have just one OB.

Now, you may be thinking that, although this is far from ideal, couldn't the women in these situations simply go to the emergency room and have an ER doctor deliver their baby? Maybe in the old days women could do this, but they can't do this anymore.

Another casualty in the medical liability crisis has been in the provision of emergency medical services. According to the Kentucky Medical Association, medical liability premiums for ER physicians increased, on average, an astounding 204% from 2001 to 2002!

The situation of Dr. David Stanforth is illustrative. He is a partner in an emergency medicine group serving three hospitals in Northern Kentucky. Dr. Stanforth had his malpractice insurance cancelled 3 years ago and then switched insurance policies to obtain coverage. His premiums have since tripled to \$800,000 per year, even though there wasn't a malpractice award against his ER group during that period.

The result of situations like Dr. Stanforth's are all-too-predictable.

According to the Kentucky Department of Public Health, 43% of Kentucky counties do not have any doctors specializing in emergency medicine. Another 21% of Kentucky counties have only one emergency room physician. All told, then, 64% of Kentucky counties do not have any ER doctors or have only one ER doctor for the entire county.

To come back to the crisis in obstetric services that I was discussing, if you are a woman in eastern Kentucky who is delivering a baby, not only are you not going to be able to find an O.B. to deliver your baby. You are not going to be able to find an ER doctor to help you either. Instead, you are going to have to drive until you find some doctor—any doctor—if you're lucky, to help with your delivery.

Unfortunately, too many women are not so lucky. They end up delivering their babies in the backseat of a car or on the side of the road.

This situation cannot continue. I applaud Senators GREGG and ENSIGN for their determination to do something about this crisis. I hope my colleagues on the other side will let us try to solve this problem with meaningful reform and will vote to invoke cloture on the motion to proceed.

I thank the Chair.

I will conclude by saying the principal reason for the crisis is the rising cost of medical malpractice insurance, and the inability of these physicians, dedicated though they may be to public health and serving people in the Commonwealth of Kentucky, who simply can't afford to stay in business. They cannot make a living doing what they went to medical school to do and what they want to do with their lives, which is to take care of women and babies and to save people in the emergency rooms of the Commonwealth.

We will have an opportunity tomorrow, once again—as I said earlier, hopefully a third time will be a charm—to take the simple step of going to the bill and giving us an opportunity in the Senate of addressing what is indeed a national medical crisis.

MORNING BUSINESS

Mr. McCONNELL. Mr. President, I ask unanimous consent that the Senate now proceed to a period of morning business with Senators permitted to speak for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

LOCAL LAW ENFORCEMENT ACT OF 2001

Mr. SMITH. Mr. President, I speak about the need for hate crimes legislation. On May 1, 2003, Senator KENNEDY and I introduced the Local Law Enforcement Enhancement Act, a bill that would add new categories to current hate crimes law, sending a signal that violence of any kind is unacceptable in our society.

On February 29, 2004, a transsexual man who was planning to undergo an operation to make him a woman, was found shot to death in his car parked outside his apartment in Georgia. The Atlanta Police are canvassing local bars seeking information from anyone who knew the victim.

I believe that Government's first duty is to defend its citizens, to defend them against the harms that come out of hate. The Local Law Enforcement Enhancement Act is a symbol that can become substance. By passing this legislation and changing current law, we can change hearts and minds as well.

NATIONAL PUBLIC HEALTH WEEK

Mr. SARBANES. Mr. President, I recognize the American Public Health Association's 14th annual National Public Health Week. I specifically want to acknowledge and commend the Association on its theme this year: "Eliminating Health Disparities: Communities Moving from Statistics to Solutions."

Our public health practitioners affect all areas of life as they fulfill their mission of promoting health and preventing disease at the broader "population" level. The American Public Health Association is the oldest and largest organization of public health professionals and has had an enormous influence on public health priorities and policies for over 100 years.

As we begin National Public Health Week, it is clear how the Association's selection of a particular theme can make a significant difference in how we develop our health agenda as a nation. I think this year's choice will be no exception and that it will be an impetus for frank and thoughtful discussion about what should be one of the

Nation's most critical priorities, the need to address health disparities.

The first NIH Working Group on Health Disparities defined health and health care disparities as "differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States." I take a moment to highlight just a few of these differences.

Statistics from the Department of Health and Human Services Report entitled "National Health Care Disparities" bear out that minorities are less likely to be given appropriate cardiac medications or to undergo bypass surgery, and are less likely to receive kidney dialysis or transplants. The same study has shown that minorities are less likely to receive the most sophisticated treatments for HIV infection, which could forestall the onset of AIDS. Our minority communities are instead more likely to receive less desirable, non state-of-the-art procedures, such as lower limb amputations for diabetes and other conditions.

These disparities also put our children at significant risk. In my own State of Maryland, the Infant Mortality rate for African Americans is two times higher than for Caucasian Americans.

And these disparities do not only occur along racial lines. Healthy People 2010 and the National Health Care Disparities Report show that those who live in our more rural communities face similar inequitable treatment. Rural community residents have less contact and fewer visits with physicians, even though these residents tend to have a heightened need for health care. Indeed, injury rates in rural communities are 40 percent higher than in urban areas.

Women are 20 times more likely than men to die from a heart attack. Statistics from the Agency for Health Care Research and Quality reflect that women receive less aggressive treatment for heart related ailments than men, and are less likely to receive life saving drugs such as lidocaine, beta-blockers and aspirin for heart attacks.

Persons with disabilities face significant disparities in the care they are afforded as do the indigent; the list goes on and on. These are just a few examples of how this inequity affects our population.

The State of Maryland has engaged in a number of statewide and local initiatives to address health care disparities in our communities. At the Federal level, I have cosponsored S. 1833, the Healthcare Equality and Accountability Act, which seeks to eliminate racial and ethnic health disparities in health care. I hope we can use the momentum created by this week and redouble our efforts to ensure comprehensive quality health care for all of America's citizen's regardless of their race, ethnicity, socioeconomic status, gender, education level, geo-

graphic location, disability or sexual orientation.

Again, I commend the American Public Health Association for focusing the Nation's attention on this important issue and for serving to increase the dialogue to rid the country of these inequities. I hope my colleagues offer their support to this important effort as well.

OPERATION ENDURING LOVE

Ms. LANDRIEU. Mr. President, we all know that the war in Iraq is not without its controversies or detractors. But it is also important to note that the spirit of the American people is transcendent. Whether you supported the war in Iraq, as I did, or whether you opposed it, the people of this Nation are very conscious of the sacrifice that our military men and women are making for us all are grateful. I rise today to give one small example of the American people's spirit from Lafayette, LA.

The soldiers of the 256th Army National Guard Infantry Brigade were recently put on alert and notified that they could be heading to Iraq soon. As for any Guard unit, such deployments mean a tremendous disruption in the lives of the citizen soldiers who make up this brigade. They miss work, they miss graduations, they miss birthdays, they miss reunions, and sadly, for some, they miss weddings.

When the announcement went out that the 256th could be deploying, Spec. Jeremy Meyers and his fiancée, Amy Glorioso, decided that they needed to move up their wedding date. But as everyone knows, weddings are expensive, and food, flowers, and venues have to be reserved and paid for months in advance. Changes to wedding dates can mean thousands of dollars in additional costs.

But thanks to the organization and drive of Marilyn Crain, the owner of L'Eglise in Vermilion Parish, and the patriotism and dedication of businesses throughout the Lafayette region, seven couples will enjoy their dream weddings—earlier than planned—and for free.

This act of generosity is the perfect symbol of the deep appreciation and love that all Americans feel for their soldiers, sailors, airmen, and marines. The people of the Lafayette region, and all of Louisiana should be proud of the example they have set in rallying around the men and women of the 256th. As the Bible teaches us, "No greater love hath any man than this, that he should lay his life down for another." It is therefore appropriate that we should repay the debt we owe our military, by assisting them with ceremonies that celebrate the love between two people.

Mr. President, I congratulate the businesses and individuals whose generosity made these efforts possible. I will have the privilege of meeting the members of the 256th and their families

this coming Monday. I will also get a chance to thank some of the members of Operation Enduring Love personally. However, I wanted to take this opportunity to tell this inspiring story here on the Senate floor, and record for posterity the names of those businesses and performers who have participated. They are:

L'Eglise, Inc. of Abbeville, Let's Talk Dinner Personal Chef Service of Lafayette, Crystal Weddings of Lafayette, Occasions Cake Boutique of New Iberia, Sugar Art Wedding Cake, American Legion Post 69 988-0799 of Lafayette, Viet Nam Veterans of America, Acadiana Chapter No. 141 of Fontenot, Mary Ellen's Tux Shop of Lafayette, Antoinette's Bridals & Formals of Lafayette, Chef Bobby & Dot's Le Bon Manger Catering of Kaplan, Sugar Art, A La Carte of Lafayette, Tsunami of Lafayette, Schilling Distributing Co Inc. of Lafayette, Glazer's Companies of Lafayette, Quality Brands Inc. of Lafayette, Interior Plant Services of New Iberia, Paul's Jewelry of Lafayette, Spedale Spedale's of Lafayette, Beyond Flowers of Lafayette.

Cajun Cottage Gifts of Erath, Flowerland of Lafayette, The Gardenaire at River Ranch of Lafayette, Steve's Flowers of Lafayette, Floral Design Classes of ULL of Lafayette, Flower's Etc. of Lafayette, Sam's Club—Floral Dept. of Lafayette, Louisiana Wholesale Florists, Aveda Institute of Lafayette, JM French Skin Care Line of Rayne, Studio One 2 One of Lafayette, Royal Day Spa & Salon of Lafayette, The Client Salon & Day Spa of Abbeville, Creative Memories Photography, Robin May Photography of Lafayette, Ken Romero Photographer, Shane Falgout, Photographer, Dominick Cross Photography, Fast Forward Multi-Media of Lafayette, Regent Broadcasting of Lafayette.

Dr. Paul Baker, Beth Fontenot, Mike Vidallier, Lynn Broussard and Company, Kurt Boudreaux, Tommy Benoit String Quartet, Limousines Limited of Lafayette, Diamond Limousine Inc. of Lafayette, Gabriel's Jewelers, WHC, Inc., Shady Acres of Abbeville, Crystal Cottage of Lafayette, Armentor Jewelers of Abbeville, Jean's Bridal Accessories of Patterson, Jolie Mariee "Weddings By Anne," Best Western Hotel Acadiana of Lafayette, Right Angle of Lafayette, Special T Ice Company of Abbeville, and Pictage, Inc. of Torrance, CA.

ADDITIONAL STATEMENTS

(At the request of Mr. DASCHLE, the following statement was ordered to be printed in the RECORD.)

TEMPORARY EXTENSION OF PROGRAMS UNDER THE SMALL BUSINESS ACT AND THE SMALL BUSINESS INVESTMENT ACT

• Mr. KERRY. Mr. President, I want to make a statement about a small business bill that the Senate passed last week. I am referring to H.R. 4062, which, among other things, provides a temporary solution to the administration's self-created funding crisis for the SBA's largest small-business lending program, commonly referred to as the 7(a) Loan program. In many ways, the bill is similar to legislation I introduced four weeks ago, S. 2186. For example, it adopts my provision to keep the 504 program operating through the rest of this fiscal year instead of subjecting the 504 borrowers and lenders to